

Artificial insemination with husband's Sperm (AIH)

This is a treatment option that has been used for many years. However, the indications for inseminating the unprepared (whole) sample into the cervix are few. AIH is best reserved for those couples in whom there is a physical problem getting the sperm to the right place.

Indications for AIH include:

- 1 Anatomical problems on the male side, such as congenital abnormalities of the penis. An example of this is severe hypospadias where the ejaculate appears at the base of the penis instead of the tip. Injury to the penis can, on occasions, prevent normal penetration and ejaculation. Retrograde ejaculation is a condition where the spermatozoa and seminal fluid end up in the bladder, due to congenital, or sometimes iatrogenic causes. This then requires the sperm to be separated from the urine and inseminated into the female partner.
- 2 Conditions preventing normal erection and ejaculation, whether psychological or organic, are best resolved by correct diagnosis and treatment of the underlying condition. However, where this is not possible, and the male partner can produce a sample by masturbation, AIH is a suitable treatment option.
- 3 Psychosexual problems on either side e.g. vaginismus in the woman, are best treated with appropriate counseling. However, AIH is available as a last resort.
- 4 If the male partner is away from home on a regular basis, perhaps due to work commitments, AIH using frozen semen samples can help to expedite pregnancy.

In order to perform AIH the male partner must first produce a semen sample by means of masturbation. If this is not possible, samples can be collected into medical sheaths (containing no spermicide) during sexual intercourse. However, this method is not ideal. It is advisable for the male partner to abstain from intercourse for at least three days prior to collecting a semen sample, as this ensures that the sperm density is optimal. The sample is collected into a clean plastic container. Occasionally a patient may be asked to produce a split ejaculate - that is, to collect the first couple of drops in one container and the rest in a second pot.

Intrauterine insemination of a prepared sample of sperm (IUI) is indicated in cases where the semen parameters (sperm count, motility and morphology) are abnormal. AIH using the whole semen sample is not thought to achieve pregnancies at a rate higher than they would occur spontaneously in these couples. These patients need the sperm samples removed and the most motile sperm is resuspended in culture medium. This allows the sample to be introduced directly into the uterine cavity.

This method of treatment needs to be done by a doctor or trained nurse, and is often combined with ovarian stimulation using fertility drugs. Ultrasound scans or endocrine assays are used to monitor the response and to time ovulation.

This method can be used for women with cervical mucus hostility or poor quality mucus, men with low sperm counts and couples with unexplained infertility. Management that includes the use of fertility drugs is best undertaken by an infertility clinic as over stimulation of the ovaries can result in multiple pregnancy and needs careful monitoring.

Pregnancy rates achieved by AIH will obviously vary according to the underlying cause of the infertility.

Naturally, these methods of assisted conception can be the source of stress for both partners. It is often difficult to estimate the chance of success and the treatment may need to continue over several cycles. Many couples find that a chat with an independent counsellor, or involvement with an infertility support group is helpful.

Review consultation

The clinic offers a free review consultation after three unsuccessful treatment cycles or an abandoned IUI cycle. This consultation should be taken up within six weeks of the last unsuccessful treatment. All other consultations are chargeable.